## UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 21C-0056

Total Pages in this Submission 115

#### TO THE COMMISSIONER FOR PATENTS

Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450

# UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 21C-0056

Total Pages in this Submission 115

### **Application Elements (Continued)**

| Informal Number of Sheets  Information Informati |
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| Newly executed (original or copy) Unexecuted  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional application only)  With Power of Attorney Without Power of Attorney  DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).  Proporation By Reference (usable if Box 4b is checked)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under to 4b, is considered as being part of the disclosure of the accompanying application and is hereby proporated by reference therein.  ROM or CD-R in duplicate, large table or Computer Program (Appendix)  Silication Data Sheet (See 37 CFR 1.76)  Selectide and/or Amino Acid Sequence Submission (if applicable, all must be included)  Computer Readable Form (CRF)  Specification Sequence Listing on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional application only)  With Power of Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| With Power of Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| i. CD-ROM or CD-R (2 copies); or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| ii. 🔲 Paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Statement(s) Verifying Identical Paper and Computer Readable Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Accompanying Application Parts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ignment Papers (cover sheet & document(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CFR 3.73(B) Statement (when there is an assignee)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| lish Translation Document (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| rmation Disclosure Statement/PTO-1449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| liminary Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| urn Receipt Postcard (MPEP 503) (Should be specifically itemized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| tified Copy of Priority Document(s) (if foreign priority is claimed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| tificate of Mailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| First Class   Express Mail (Specify Label No.): EV310330058US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ri<br>lii<br>ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 21C-0056

Total Pages in this Submission 115

### **Accompanying Application Parts (Continued)**

| . [2 | X | Additional Enclosures (please identify below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|      |   | Claim for Priority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
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|      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|      |   | Request That Application Not Be Published Pursuant To 35 U.S.C. 122(b)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|      |   | Pursuant to 35 U.S.C. 122(b)(2), Applicant hereby requests that this patent application not be published pursuant to 35 U.S.C. 122(b)(1). Applicant hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing of the application.                                                                                                                                                      |  |  |  |
|      | • | Warning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|      |   | An applicant who makes a request not to publish, but who subsequently files in a foreign country or under a multilateral international agreement specified in 35 U.S.C. 122(b)(2)(B)(i), must notify the Director of such filing not later than 45 days after the date of the filing of such foreign or international application. A failure of the applicant to provide such notice within the prescribed period shall result in the application being regarded as abandoned, unless it is shown to the satisfaction of the Director that the delay in submitting the notice was unintentional. |  |  |  |
|      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
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### **UTILITY PATENT APPLICATION TRANSMITTAL** (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 21C-0056

Total Pages in this Submission 115

#### Fee Calculation and Transmittal

#### **CLAIMS AS FILED** #Filed #Allowed For #Extra Rate Fee \$144.00 **Total Claims** 28 8 \$18.00 - 20 = х 3 \$0.00 Indep. Claims - 3 = 0 \$84.00 \$0.00 Multiple Dependent Claims (check if applicable) \$750.00 **BASIC FEE** \$0.00 OTHER FEE (specify purpose) **TOTAL FILING FEE** \$894.00 A check in the amount of \$894.00 to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 06-1130 as described below. ☐ Charge the amount of as filing fee. ☑ Credit any overpayment. ☑ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17. Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b). Signature David A. Fox Dated: July 30, 2003 Reg. No. 38,807 **Cantor Colburn LLP** 55 Griffin Road South Bloomfield, CT 06002 PTO Customer No. 23413 CC: (860) 286-2929

| CERTIFICATE OF Applicant(s): Hea-Chun | MAILING BY "EXPRESS I<br>Lee, et al.                                                                     | MAIL" (37 CFR 1.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Docket No.<br>21C-0056                                                         |
|---------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Serial No.                            | Filing Date                                                                                              | Examiner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Group Art Unit                                                                 |
| NYA                                   | 7-30-2003                                                                                                | NYA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NYA                                                                            |
| vention: LAMP ASSE<br>USING THE       | EMBLY, LIGHT SUPPLYING AP<br>SAME                                                                        | PARATUS AND LIQUID CRYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STAL DISPLAY DEVICE                                                            |
| I hereby certify that the             | e following correspondence:                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
| <b>Declaration and Power</b>          | tion Transmittal, Nonprovisional<br>of Attorney, Recordation Form C<br>047252, Check-Filing Fee-\$894.00 | over Sheet, Assignment, Claim fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or Priority, Korean Patent                                                     |
|                                       | (Identify type o                                                                                         | f correspondence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
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| is being deposited with               | n the United States Postal Servic                                                                        | e "Express Mail Post Office to A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Addressee" service under 37                                                    |
|                                       |                                                                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
|                                       | ppe addressed to: Commissioner                                                                           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |
|                                       | ppe addressed to: Commissioner                                                                           | for Patents, P.O. Box 1450, Ale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 oi                                                      |
|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | for Patents, P.O. Box 1450, Ale<br>Tammie Lant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | xandria, VA 22313-1450 or<br>hier                                              |
|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | for Patents, P.O. Box 1450, Ale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 or<br>hier                                              |
|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | Tammie Lantl (Typed or Printed Name of Person Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | xandria, VA 22313-1450 or hier hilling Correspondence)                         |
|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | Tammie Lantl  (Typed or Printed Name of Person Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | xandria, VA 22313-1450 or hier hilling Correspondence)                         |
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|                                       | ppe addressed to: Commissioner  July 30, 2003                                                            | Tammie Lantl (Typed or Printed Name of Person Ma (Signature of Person Mailing C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 oi<br>hier<br>viling Correspondence)<br>Correspondence) |
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|                                       | July 30, 2003 (Date)                                                                                     | Tammie Lanti (Typed or Printed Name of Person Mailing C  EV310330058 ("Express Mail" Mailing La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 oi<br>hier<br>viling Correspondence)<br>Correspondence) |
|                                       | July 30, 2003 (Date)                                                                                     | Tammie Lantl (Typed or Printed Name of Person Mailing Control of Perso | xandria, VA 22313-1450 oi<br>hier<br>viling Correspondence)<br>Correspondence) |
|                                       | July 30, 2003 (Date)                                                                                     | Tammie Lanti (Typed or Printed Name of Person Mailing C  EV310330058 ("Express Mail" Mailing La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 on hier hier Correspondence) Correspondence)            |
|                                       | July 30, 2003 (Date)                                                                                     | Tammie Lanti (Typed or Printed Name of Person Mailing C  EV310330058 ("Express Mail" Mailing La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 on hier hier Correspondence) Correspondence)            |
|                                       | July 30, 2003 (Date)                                                                                     | Tammie Lanti (Typed or Printed Name of Person Mailing C  EV310330058 ("Express Mail" Mailing La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | xandria, VA 22313-1450 on hier hier Correspondence) Correspondence)            |